

# EXH. 6



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/17/2018	201801700160	AGENT ADDRESS CHANGE (LAD)	25.00	300.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

MOONBASE HOLDINGS LLC  
KAREN ZAPPITELLI  
5271 NORWICH ST  
HILLIARD, OH 43206

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**3938347**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**MOONBASE HOLDINGS, LLC**

and, that said business records show the filing and recording of:

Document(s)

**AGENT ADDRESS CHANGE**

Document No(s):

**201801700160**

**Effective Date: 01/16/2018**



Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
17th day of January, A.D. 2018.

*Jon Husted*

**Ohio Secretary of State**

United States of America  
State of Ohio  
Office of the Secretary of State

Form 521 Prescribed by:

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 466-3910  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)  
File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

## Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 788  
Columbus, OH 43216  
Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)  
P.O. Box 1390  
Columbus, OH 43216

**Statutory Agent Update**  
**Filing Fee: \$25**

## (CHECK ONLY ONE(1) BOX)

## (1) Subsequent Appointment of Agent

- Corp (165-AGS)
- LP (165-AGS)
- LLC (171-LSA)
- Business Trust (171-LSA)
- Real Estate Investment Trust (171-LSA)

## (2) Change of Address of an Agent

- Corp (145-AGA)
- LP (145-AGA)
- LLC (144-LAD)
- Business Trust (144-LAD)
- Real Estate Investment Trust (144-LAD)

## (3) Resignation of Agent

- Corp (155-AGR)
- LP (155-AGR)
- LLC (153-LAG)
- Partnership (153-LAG)
- Business Trust (153-LAG)
- Real Estate Investment Trust (153-LAG)

Name of Entity Charter, License or Registration No. Name of Current Agent 

2016 JUN 15 PM 3:56  
CLIE  
REG'D  
RECEIVED  
CLERK OF COURT  
CLERK OF COURT

## Complete the information in this section if box (1) is checked

Name and Address of New Agent

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Agent		
<input type="text"/>		
Mailing Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code

201800700160  
Complete the information in this section if box (1) is checked and business is an Ohio entity

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned,  Name of Agent, named herein as the

statutory agent for  Name of Business Entity, hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature:

Individual Agent's Signature/Signature on behalf of Business Serving as Agent

Complete the information in this section if box (2) is checked

New Address of Agent

PO Box 208

Mailing Address

Worthington

City

OH

State

43085

ZIP Code

Complete the information in this section if box (3) is checked

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

Mailing Address

City

State

Zip Code

201800700160  
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

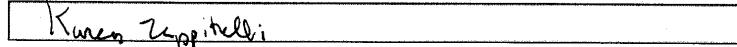
Signature

By

Print Name

Zappitelli CPA Inc.

Signature



By

Karen Zappitelli

Print Name